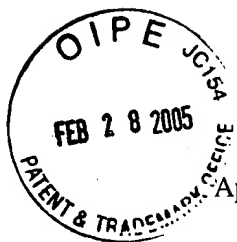


1632  
JFW



Docket No. JAB-1458

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : MASURE et al.  
Serial No. : 09/869,079  
Filed : I.A. 12/17/99  
Title : HUMAN AKT-3  
Art Unit : 1632  
Examiner : Scott David Priebe  
Conf. No. : 7899

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 24, 2005

(Date of Deposit)

Laura A. Donnelly

(Name of applicant, assignee, or Registered Representative)

*Laura A. Donnelly*

(Signature)

February 24, 2005

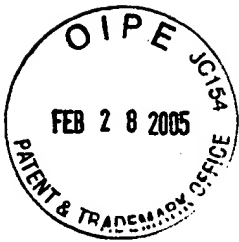
(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement of January 24, 2005, the time for responding thereto being set to expire February 24, 2005, please amend the above-identified application as follows:



Serial No. 09/869,079 Docket No. JAB-1458 By: LAD  
Application of: Masure et al Mailed: February 24, 2005  
Entitled: human AKT-3

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:

- |   |  |
|---|--|
| <input type="checkbox"/> Oath or Declaration                                    | <input type="checkbox"/> Drawings <u>    </u> sheets                       |
| <input type="checkbox"/> Assignment   | <input type="checkbox"/> MPEP 609/ <u>                    </u>             |
| <input checked="" type="checkbox"/> Response <i>to Restriction requirement</i>  | <input type="checkbox"/> Notice of Appeal                                  |
| <input type="checkbox"/> Fee Transmittal  | <input type="checkbox"/> Brief   |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750           | <input type="checkbox"/> Priority Document                                 |
| <input type="checkbox"/> Amendment  | <input type="checkbox"/> Status Inquiry                                    |
| <input type="checkbox"/> Extension of Time                                      | <input type="checkbox"/> Sequence Listings/Diskette                        |
| <input type="checkbox"/> Issue Fee Transmittal                                  | <input type="checkbox"/> Biological Deposit Declaration                    |
| <input type="checkbox"/> PCT Filing <u>                                    </u> | <input type="checkbox"/> Other <u>                                    </u> |
| <input type="checkbox"/> IDS-Form 1449  |  |